STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

APR 1 8 2019

I. Name of Lobbyist(s) Maura M Weston	APR 1 8 2019	
II. Name of lobbyist's partnership, firm or corporation, if any:	NEW HAMPSHIRE DEPARTMENT OF STATE	
· · · · · · · · · · · · · · · · · · ·	DEFINITION OF STATE	
MM Weston + Associates, PLLC (Name of partnership, firm or corporation)		
PO BUX GOO CONT	NH 03201	
Business Address: (Street)		
	State) (Zip Code)	
(603) 224-4077 603) 224-4099 e-mail	maura emmwesten. on microsoft.	
III. This statement covers: (Choose one – file separate reports for each client, reportable expense transactions which are not attributable to any one client).	OP you may file a	
All reportable transactions occurring in the months prior to the reporting date r		
Derna Mediaal and I and a day of the continue of the continuence		
Derry Medical and Londonderns Family Praction (Full Name of Client as it appears on the Lobbyist Registration Form)		
☐ All reportable transactions by the lobbyist (including the lobbyist's family), or tunrelated to any particular client.	the lobbying firm listed below which are	
IV. Date of Report April 24, 2019 \(\sum \) Reports cover: activity from date of registration to 3/31/19 activity from 4/1/2		
October 30, 2019	9, 2020 🗆	
V. There have been no fees received and no reportable transactions made since the last report. [If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.		
VI. Check if additional reports are attached:		
If you have received fees or made expenditures, you must file Addendum A – Fees and Expenses		
If you have paid an honorarium or reimbursed expenses, you must file Addenderspense Reimbursement	lum B— Report of Honorariums or	
If you, your firm, or your family has made political contributions, you must file	e Addendum C- Political Contributions	
iworn Statement/Affirmation by Lobbyist have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm and complete to the best of my-knowledge and belief.	m that the foregoing information is true	
16/12/1	2/19	
Signature of libbbyist)	(Date)	
Muura M Mestrn (Print Name of lobbyist)		

STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) Maura M Weston	
Il. Name of lobbyist's partnership, firm or corporation, if any:	
Mm Wwston & Associates Puc (Name of partnership, firm or corporation)	
(Name of partnership, firm or corporation)	Samily Practice
(Name of partnership, firm or corporation) III. Name of Client Derry medical & Condonders	UDate
)
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	d walneigne an multi- ut it
a) Total of all fees received in this reporting period	a)\$ 18,000
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) s
c) Total of all fees received to date	١٥
(Add lines a and b)	c) \$ 18, NO
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reffees. Separate reports are to be filed for expenditures made relative to each othe lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example unch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this reportance and purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made may be filed for the lobbyist(s)/fire aggregate total of all expenses particles; (b) the aggregate total of the le: meals purchased during a business than \$10 that is given to the persect with a value of \$25.00 or less); a corting period of greater than \$25.00 fire than \$25, but not greater than \$5.00 fire than \$5.00 fir
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. D) Total aggregate of expenditures during this reporting period, not reported	a) \$ 18,000
n a), of \$25 or less.	b) s
r) Total of all itemized expenditures reported in detail in section VI.	c)s O

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$ 18,000
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns 18,000
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	that the foregoing information
(Signature of lobbyist)	4-10-19
• •	(Date)
(Print Name of lobbyist)	